

## Research and Teaching in a College of Medicine

The missions of the College of Medicine include teaching, research and service. The research and teaching missions are sometimes in conflict because of limitations of resources and time. Partly because of these conflicts, there is a myth popular in some circles that good researchers make bad teachers. This myth is not true. Of course, the converse is also not true, that all good researchers are good teachers. What is true is that involvement in research can make any faculty member a better teacher. Indeed, a well-known College of Medicine investigator recently stated publicly that he really preferred teaching but did his research so that he had something to teach!

The main reason that research improves teaching is motivation. It is involvement in, and commitment to, research that provides the motivation necessary to spend long hours to examine carefully, to digest and understand, every shred written or said about a particular topic. Research inspires extra effort because at national meetings or in research articles authored for national and international journals, the researcher simply cannot afford to be poorly informed, to lag behind in understanding new concepts, or to have missed recent advances in a distant laboratory. Such lapses are glaringly apparent and, in the scientific tradition of detailed peer

review, are immediately and pointedly brought to the researcher's attention. Such kicks in the shin are embarrassing at best and devastating to the researcher's reputation and career at worst. Investment of the time necessary to keep pace with rapid advances in medicine requires strong motivation that commitment to research can provide.

The active researcher is afforded many unique opportunities to gain early information about new facts or concepts. The researcher may serve as a manuscript reviewer, or even as an editor, and sees the results of research in many months before it is published. The researcher may serve on government or health agency review panels and sees the structure, design and intent of experiments even before the research takes place. The researcher is likely to participate in national and international scientific meetings, conferences and symposia where new information and concepts are discussed and analyzed in depth by experts. The researcher is often a more critical reader of journal articles because of great familiarity with experimental design and experimental methodology.

The scientific method, which defines research and sets it apart from mere observation, requires

an organized, methodical approach that becomes a way of thinking. The organized, logical approach to knowledge spills over into teaching. Students learn organized material faster and better than disorganized, randomly presented material, whether it is presentation of a case or a lecture on oncogenes. In addition, the researcher's enthusiasm about new discoveries is likely to carry a sense of excitement into the classroom or conference room where the students can be infected by it. This concept is so important that medical college accreditation demands evidence of a learning environment steeped in the spirit of inquiry.

The research environment has a major favorable impact on education by attracting government and industrial financial support for enlarged libraries and computer facilities, greater concentration of experts in esoteric subjects, access to the latest technology, experimental drugs and procedures, and specialized facilities for teaching medical and graduate students, from sophisticated imaging techniques to peptide and nucleotide synthesis.

Teaching, has itself, a positive impact on research. Teaching forces the researcher to step back occasionally from specific experiments and take a broader view of the specific medical field, where it

is, where it has been, and where it is going. This broad view helps put the researcher's immediate interests into perspective, and leads to new ideas and new directions of research. Moreover, the researcher is more likely to see logical flaws in the research fabric if required to view the whole cloth from time to time for purposes of teaching. In addition, bright, perceptive students often themselves pose penetrating questions that

cause the researcher to reevaluate even cherished concepts. Researchers and teachers share in common a love of scholarship and respect for truth. It is through research that new truths are discovered and old truths reaffirmed or disproved and discarded. Medical science is dynamic and has never moved faster than at the present. Investment of the time and energy necessary for keeping pace with rapid advances and new

truths in medicine requires strong motivation. Commitment to research is a powerful motivator. ■

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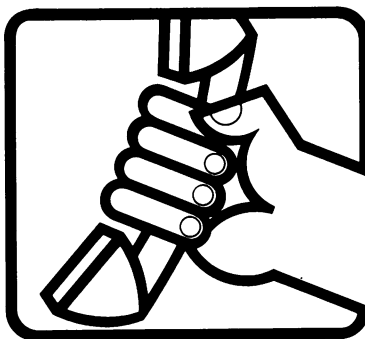
## Extended Phone Hours Make Marketing Sense

**D**o you want your practice to increase its patient volume? Do you want to attract new patients to your practice as well as keep your established patients satisfied? One of the best ways to do this is to make yourself more available to patients and referring physicians.

Availability means phone availability as well as office hours. For example, a physician at one of our Marketing Workshops in Oregon told us that simply by having the phone answered at his practice during lunch hours (a practice that they had not done for a number of years) he witnessed a measurable increase in new patient volume plus complimentary comments from established patients. As a matter of fact, the physician was so encouraged by these results that he even decided to see patients during lunch hours. The net result of these decisions was an increase in business significant enough to counteract prior patient erosion.

You need to recognize that patients are finding it increasingly difficult to reach your practice. One of the biggest demographic changes that has taken place in the United States has been largely

ignored by many practitioners — and this has led to increasing frustration on the part of your patient base. The phenomenon is that, today, twice as many married women are full-time employees than was the case 25 and 30 years ago. Today approximately 65% of all married women are full-time employees. Fifty percent of women with children under the



age of 5 are also full-time employees. Twenty-five years ago, the statistics for married women as employees were exactly half of the ones just quoted.

How does this affect you? It is increasingly difficult for working women (as well as working men) to reach your offices during their working hours. Many work in offices and department stores

where outgoing calls are restricted. So if we look at your average working patients, the question is: when can they contact your office? They have to try to do this before they go to work (which means before their traditional 9:00 a.m. or 8:30 a.m. starting time), or they may try to call you during their lunch hour if that is convenient for them.

Let's role-play this: Mrs. Patient gets up in the morning and is not feeling well and wants to call your office. She calls, and gets an answer from your answering service that the office is closed and will open at 9:00 a.m. If Mrs. Patient starts working at 9:00 a.m. and is unable to call from work, what is she expected to do? The answer is to find somebody who will answer the phone or someone that is available. This has been one of the big growth areas for your competitive "urgent-care centers." They do a booming business in the morning hours preceding working hours. We assume the major reason for this is that people are not able to reach your office. If Mrs. Patient could actually reach someone in your office, then an appointment

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